| ٠ | PATENT | FEE DETE | EC | ORD | Application or Docket Number | | | | | | | |
|---|--|--|---|----------------------|--|------------------|------------|-------------------|------------------------|----|------------------|------------------------|
| CLAIMS AS FILED - PART I (Column 1) (Column 2) | | | | | | | | SMALL ENT TYPE | | OR | OTHER SMALL E | |
| U.S. NATIONAL STAGE FEES | | | | | | | | RATE | FEE | | RATE | FEE |
| BASIC FEE | | | SMALL ENT = 8 150 | | LARG | E ENT. = \$ 300 | | BASIC FEE | | OR | BASIC FEE | 3/11) |
| EXAMINATION FEE | | | Satisties PCT Article 33(1)- (4) = \$50 / \$ 100 | | Att other situations = \$ 100 / \$ 200 | | | EXAM, FEE | | | EXAM. FEE | 200 |
| SEARCH FEE | | | U.S. is ISA = \$50 / \$ 100 ALL other countries = \$ 200 / \$ 400 | | ALL other situations = 8 250 / \$ 500 | | | SEARCH FEE | | | SEARCH FEE | 400 |
| FEE FOR EXTRA SPEC. PGS. | | | minu\$ 100 = | | / 50 = | | | X \$ 125 = | | | · X \$ 250 = | |
| TOTAL CHARGEABLE CLAIMS | | | | | | | | X \$ 25 = | | OR | X \$ 50 = | |
| INDEPENDENT CLAIMS | | | | minus 3 = | | | | X \$ 100 = | | OR | X \$ 200 = | |
| MUL | TIPLE DEPEND | DENT CLAIM PR | ESENT | • | I | | | + \$ 180 = | | OR | + \$ 360 = | |
| * If the difference in column 1 is less than zero, enter "0" in column 2 | | | | | | | | TOTAL | | OR | TOTAL | |
| | APE | (Column 1) CLAIMS | AMEN | RIGI | T mn 2) lESI IBER | (Column 3) | | SMALL E | ADDI- | OR | OTHER SMALL E | ADDi- |
| AMENDMENT A | عاعطور | REMAINING AFTER AMENDMENT | | PREVI | OUSLY | EXTRA | | RATE | TIONAL FEE | | RATE | TIONAL |
| | Total | · 19 | Minus | " Q¢ | • | 2 | | X \$ 25 = | | OR | X \$ 50 = | 0 |
| | Independent | • 1 | Minus | 3 | 3 | 8 | | X \$ 100 = | | OR | X \$ 200 = | |
| • | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | + \$ 180 = | | OR | + \$ 360 = | .) |
| TOTAL ADDIT. | | | | | | | | | | | TOTAL ADDIT. | |
| - | 1-26-0 | J | | , (Cab. | mn 2) | (Column 3) | | - | | | | |
| AMENDMENT B | | (COMMA 1) CLAIMS REMAINING AFTER AMENDMENT | | HIGH MIN PREVI | REST IBER OUSLY FOR | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | • 13 | Minus | 2 | _0 | · | } | X \$ 25 = | | OR | X \$ 50 = | |
| | Independent | • | Minus | ••• | 3 | 5 | 1 | X \$ 100 = | | OR | X \$ 200 = | |
| • | FIRST PRES | RST PRESENTATION OF MULTIPLE DEPENDENT | | CLAIM | | | + \$ 180 = | | OR | | | |
| | | | | | | | | TOTAL ADDIT. | | OR | TOTAL ADDIT. | |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "20", enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "3", enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. | | | | | | | | | | | | |

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